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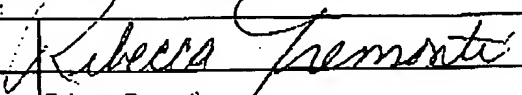
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/815,298
	Filing Date	03/31/2004
	First Named Inventor	Michael F. Fink
	Art Unit	7317
	Examiner Name	Mauet, Timothy Lewis
	Attorney Docket Number	NXGE-10242
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Booth Udall, PLC		
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Printed name	Kenneth C. Booth		
Date	09/14/2005	Reg. No.	42,342

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Date	09/14/2005

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/816,298
	Filing Date	03/31/2004
	First Named Inventor	Michael F. Fink
	Art Unit	7317
	Examiner Name	Maust, Timothy Lewis
	Attorney Docket Number	NXGE-10242

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

54434

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

54434

OR

<input type="checkbox"/> Firm or Individual Name	Michael F. Fink				
Address	1141 N 89th Place				
City	Mesa	State	AZ	Zip	85207
Country	U				
Telephone	480 357 5832	Email	mike.fink@rtx.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Michael Fink</i>		
Name	Michael F. Fink		
Date	9/12/05	Telephone	602 312 3930

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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